

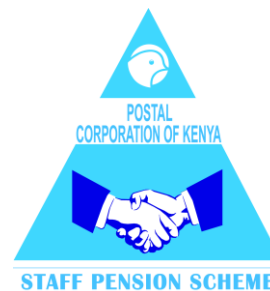
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## **PENSION COMMUTATION FORM (PCF)**

**PF:** \_\_\_\_\_

The Chairman  
Board of Trustees  
PCK Staff Pension Scheme  
P.O. Box 46621 -00100  
NAIROBI

Dear Sir,



NHIF Building  
9<sup>th</sup> Floor  
1<sup>st</sup> Ngong Avenue  
P.O. Box 46621-00100  
Tel: 2737976/2720065 - Nairobi

### **POSTAL CORPORATION OF KENYA STAFF PENSION SCHEME**

**[Part 1 to be filled only by Members aged 50 years and above and those leaving on Medical Grounds. Part 2 to be filled only by members aged below 50 years]**

I refer to the attached copy of letter of retirement date \_\_\_\_\_

#### **PART 1: MEMBERS AGED 50 YEARS AND ABOVE OR LEAVING ON MEDICAL GROUNDS**

- a) I wish to commute a portion (\_\_\_\_\_) of my pension.

**NOTE:** Maximum commutation is one third (1/3) subject to Income Tax limits.

The word “One third” should be inserted if commutation of this is desired. Where a lesser portion is to be commuted the desired fraction should be stated.

- b) I wish to draw (choose one):-

#### **EITHER**

- (i) an immediate monthly pension \_\_\_\_\_

#### **OR**

- (ii) a cash lump sum (pension gratuity) plus a residual pension (monthly pension)

- c) I undertake: not to revoke my election to commute a portion of my pension.

## **PART 2: MEMBERS AGED UNDER 50 YEARS**

I wish to be paid (choose one)

### **EITHER**

- (i) a deferred pension payable from Normal Retirement Age (55)

\_\_\_\_\_

### **OR**

- (ii) \_\_\_\_\_ % of accrued benefits (Upto a maximum of 50%)

## **PART 3: PAY POINT**

- (a) The address at which I wish to draw my commuted pension gratuity/cash equivalent of the deferred pension (Bank Name-Account No., Title, Branch and other Bank Details).

Bank Name: \_\_\_\_\_ Bank Code: \_\_\_\_\_

Branch Name: \_\_\_\_\_ Branch Code: \_\_\_\_\_

Account No.: \_\_\_\_\_

- (b) The address at which I wish to draw my monthly pension is (Bank Name-Account No., Title, Branch and other Bank Details)

Bank Name: \_\_\_\_\_ Bank Code: \_\_\_\_\_

Branch Name: \_\_\_\_\_ Branch Code: \_\_\_\_\_

Account No.: \_\_\_\_\_

## **PART 4: OFFICIAL NAMES**

My full names as shown in my National Identity Card (attach a copy) are:

\_\_\_\_\_

\_\_\_\_\_

**PART 5: RECORD OF MEMBERS IN MY FAMILY.**

(Complete Part (a) only in case of one spouse)

[Complete Part (b) and the other parts depending on the number of wives].

[In case the wife is deceased her full names and children by her should be given].

**(a) FULL NAME OF SPOUSE** \_\_\_\_\_  
(attach copy of marriage Certificate)  
(Indicate if alive or deceased)

| FULL NAMES OF<br>CHILDREN BY HER<br>(attach copies of Birth<br>Certificates) | DATES OF BIRTH<br>OF THE CHILDREN<br>Day Month Year | OCCUPATION OF<br>CHILDREN (WHETHER<br>MARRIED IN SCHOOL<br>etc) |
|------------------------------------------------------------------------------|-----------------------------------------------------|-----------------------------------------------------------------|
| 1. _____                                                                     | _____                                               | _____                                                           |
| 2. _____                                                                     | _____                                               | _____                                                           |
| 3. _____                                                                     | _____                                               | _____                                                           |
| 4. _____                                                                     | _____                                               | _____                                                           |
| 5. _____                                                                     | _____                                               | _____                                                           |
| 6. _____                                                                     | _____                                               | _____                                                           |
| 7. _____                                                                     | _____                                               | _____                                                           |
| 8. _____                                                                     | _____                                               | _____                                                           |

**(b) FULL NAME OF WIFE:** \_\_\_\_\_  
(Full Names of children by her  
(attach copies of birth Certificates)  
(indicate if alive or deceased)

|          |       |       |
|----------|-------|-------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |
| 5. _____ | _____ | _____ |

**(c) FULL NAME OF WIFE:** \_\_\_\_\_  
(Full Names of children by her  
(attach copies of birth Certificates)  
(indicate if alive or deceased)

|          |       |       |
|----------|-------|-------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |
| 5. _____ | _____ | _____ |

**PART 6: CONTACT ADDRESS**

**RESIDENTIAL ADDRESS AND TELEPHONE CONTACT AFTER RETIREMENT**

**Mobile No.:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **Code:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

**PART 7: MEMBERS SIGNATURE**

Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

Member's Designation \_\_\_\_\_

Member's Scale \_\_\_\_\_

**Employer Certificate**

Certified to be accurate according to employment records.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Name of Officer Signing \_\_\_\_\_

Rank of Officer Signing \_\_\_\_\_

Name of Employer \_\_\_\_\_

Official Rubber Stamp \_\_\_\_\_

**7. CONSENT.**

I \_\_\_\_\_  
(Full name)

Of \_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Phone number)

\_\_\_\_\_  
(Email)

On this day \_\_\_\_\_  
(Date)

have read, understood, and accept each of the statements in this document and consent to personal and sensitive information about me being collected, used and disclosed by you as indicated above to facilitate payment of retirement benefits.

\_\_\_\_\_  
(Sign)

WITNESS

Signed for and on behalf of \_\_\_\_\_  
(Sign)

\_\_\_\_\_  
(Print name)